

GLENOAKS Docket: 1364982 - 91504		
Item	Document	Date Posted
1.	Request/approval to study for discontinuance	02/04/2011
2.	Notice (if appropriate) to Headquarters of suspension	02/04/2011
3.	Notice (if appropriate) to customers/district personnel of suspension	01/20/2011
4.	Highway map with community highlighted	01/20/2011
5.	Inspection Service/local law enforcement vandalism reports	02/04/2011
6.	Form 4920, Post Office Fact Sheet	03/17/2011
7.	NEPA Worksheet	04/29/2013
8.	Financial Workbook	04/29/2013
9.	Recommendation and Service Replacement Type	03/17/2011
10.	PM Letter Instructions Cover letter, questionnaire, and enclosures	03/21/2011
11.	Community meeting roster	05/02/2011
12.	Community meeting letter	03/11/2011
13.	Proposal checklist	06/07/2011
14.	District notification to Government Affairs	06/07/2011
15.	Instructions to postmaster/OIC to post proposal	06/07/2011
16.	Invitation for comments exhibit	06/07/2011
17.	Proposal exhibit	06/07/2011
18.	Comment form exhibit	06/07/2011
19.	Instructions for postmaster/OIC to remove proposal	06/07/2011
20.	Postal Service response letters to returned customer questionnaires	05/26/2011
21.	Analysis of questionnaires	01/20/2011
22.	Community meeting analysis	05/26/2011
23.	Round-date stamped proposals and invitations for comments from affected offices	08/09/2011
24.	Notification of taking proposal and comments under internal consideration	06/07/2011
25.	Postal Service response letters to returned Proposal comments	08/09/2011
26.	Proposal Analysis of comments	08/09/2011
27.	Petition and Postal Service response letter (if appropriate)	03/21/2011
28.	Congressional inquiry and Postal Service response letter (if appropriate)	06/07/2011
29.	Log of Post Office discontinuance actions	08/09/2011
30.	Certification of record	08/09/2011
31.	Transmittal to vice president, Delivery and Retail, from district manager, Customer Service and Sales	08/17/2011
32.	Headquarters' acknowledgment of receipt of record	08/30/2011
33.	Vice president, Delivery and Retail, instruction letter	
34.	Instruction letter to postmaster/OIC on posting	
35.	Final determination from Headquarters	
36.	Round-date stamped final determination cover sheets	
37.	Postal Bulletin Post Office Change Announcement	



02/04/2011

KERRY WOLNY
DISTRICT MANAGER
SIERRA COASTAL PFC

SUBJECT: Authority to Conduct Investigation

I request your authorization to investigate a possible change in postal services for the office in the 29 congressional district.

Post Office Name: GLENOAKS
Zip+4 Code: 91504-9998
EAS Level: 0
Finance Number: 051026
County: LOS ANGELES
Proposed Admin Office: BURBANK ADMIN Miles Away: 1.4
Near Office Name: BURBANK Near Miles Away: 2.3
Number of Customers:
Post Office Box: 416
Total Customers: 416
ZIP Code Change: Yes ☐ NO ☒ ZIP Code
Maintain Town Name: Yes ☒ NO ☐

(Please check below the rational for this study. You can check more than one box.)

☒ Emergency Suspension ☐ Office Workload
☐ Insufficient Customer Demand ☒ Reasonable Alternate Access
☐ Special Circumstances

RICK WEST
Manager, Post Office Operations

Approval to Study for Discontinuance:

KERRY WOLNY
DISTRICT MANAGER
SIERRA COASTAL PFC

02/04/2011

DATE

cc: Area Manager, Public Affairs and Communication



Docket: 1364982

NOTICE OF POST OFFICE EMERGENCY SUSPENSION

A. Office

Name: GLENOAKS State: CA Zip Code: 91504
Area: PACIFIC District: SIERRA COASTAL PFC
Congressional District: 29th County: LOS ANGELES
EAS Grade: 0 Finance Number: 051026
Post Office: ☐ Classified Station ☐ Classified Branch ☐ CPO ☐

• There was no Emergency Suspension for this office

Prepared by: Janis Buonarati
Title: SIERRA COASTAL PFC Post Office Review Coordinator
Tele No: (661) 775-6749

Date: 05/08/2013
Fax No: (661) 775-7188



NOTICE TO CUSTOMERS/DISTRICT PERSONNEL OF SUSPENSION

A. Office

Name: GLENOAKS State: CA Zip Code: 91504
Area: PACIFIC District: SIERRA COASTAL PFC
Congressional District: 29th County: LOS ANGELES
EAS Grade: 0 Finance Number: 051026
Post Office: ☐ Classified Station ☐ Classified Branch ☐ CPO ☐

There was no Emergency Suspension for this office

Prepared by: Janis Buonarati
Title: SIERRA COASTAL PFC Post Office Review Coordinator
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• Alternate access points include nearby

(1) WELLS FARGO BANK #9927M (Stamp Sales 0.3) , (2) WELLS FARGO BANK #9916N (Stamp Sales 0.4) , (3) RALPHS #712 (Stamp Sales 0.4) , (4) CVS #9601 (Stamp Sales 0.5) , (5) HENRY'S MARKETS #164 (Stamp Sales 0.5) , (6) STAPLES #1347 (Stamp Sales 0.5) , (7) COSTCO BURBANK (Stamp Sales 0.6) , (8) WELLS FARGO BANK #0933A (Stamp Sales 0.6) and (9) OFFICE DEPOT (Shipping Store 0.6) .





02/04/2011

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the GLENOAKS Post Office, 91504 - 9998, located in LOS ANGELES County. Please search your records for any recent reports of mail theft or vandalism in the area.

Thank you for your assistance in this matter

JANIS BUONARATI
Post Office Review Coordinator
SIERRA COASTAL PFC

NBR records of mail theft or vandalism: 203

Comments/Findings:

cc: Official Record



Discontinuance Feasibility Study Survey

1. Retail Facility Name: Glenoaks Station		2. State and ZIP + 4 Code®: CA 91504-9998	
3. Facility Information			
a. Provide specific information about the facility, including structural defects, safety hazards, lack of running water or restrooms, and security issues. Include facility servicing documentation for all structural defects and safety hazards.			
NA			
b. Is the facility accessible to persons with disabilities?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4. Community Information			
a. Local government provided by:		City of Burbank	
b. Police protection provided by:		City of Burbank	
c. Fire protection provided by:		City of Burbank	
d. Is the retail facility a state or national historic landmark?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Are there special historic events related to the community?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If answer to 4e is "Yes," explain:			
NA			
f. Describe the geographic and economic makeup of the community (retirees, commuters, farmers, etc.). Provide information on population and business activity trends.			
Retirees, self employed, commuters, students			
g. Provide the names of schools in the service area.			
Many schools, and churches in the Burbank area.			
h. Provide the names of religious institutions in the service area.			
i. Provide the names of organizations in the service area, including nonprofit organizations.			
j. Provide the names of businesses in the service area, including small and home-based businesses.			
Many businesses in the Burbank area			

5. Retail Information	
a. Does the facility have an APC?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. Does the facility have a DDU drop?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. Does the facility have a FedEx drop box?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. Is the facility a Postal One! site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If the facility is a non-Postal One! site, attach a copy of PS Form 25, <i>Trust Fund Account</i> , and PS Form 3609, <i>Record of Permit Imprint Mailings</i> , for current permit mailers.	
6. Delivery Information	
a. Number of customers who receive duplicate delivery service: 0	
b. Approximate time of day the carriers begin delivery to the community:	
c. Describe how the mail is received and dispatched.	
d. Approximate number of CBUs to be installed: 0	
d. List potential CBU/parcel locker sites and their distance from the facility.	
NA	
7. Administrative Office Information	
a. Facility Name: Burbank Post Office	b. State and ZIP + 4 Code®: CA 91505-9998
c. Number of miles from the facility under study: 1.4	
8. Nearest Office Information	
a. Facility Name: Burbank Post Office	b. State and ZIP + 4 Code®: CA 91505-9998
c. Number of miles from the facility under study: 2.3	
9. Other Information	
a. Do Postal Service employees offer assistance to senior citizens?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. Do Postal Service employees offer assistance to handicapped citizens?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. If the answer to 9a or 9b is "Yes," what provisions can be made for these services if the facility is discontinued?	
d. List the non-postal services provided by the facility. Include items such as public bulletin board, school bus stop, community meeting location, voting place, and government form distribution center.	
e. If mail theft or vandalism has been reported to the Postmaster/OIC, describe the situation reported.	
No	
10. Photos of Facility	
Provide digital photos of the facility. Include photos of front, back, full property view, and additional structures on the property.	
PREPARED BY:	
Printed Name: Janis Buonarati	Title: PO Discontinuance Coordinator
Signature:	Date: 05/08/2013



USPS Handbook PO-101 NEPA Checklist

Per USPS Handbook PO-101, all Post Office, Classified Station, or Classified Branch closings must include an 'Official Record' compiled and managed by the USPS Discontinuance Coordinator (DC). This Checklist and any subsequent, related documentation or memorandum is to be kept as part of the Official Record.

The National Environmental Policy Act (NEPA) requires USPS to consider potential environmental impacts of certain actions, including facility closings. See 39 CFR Part 775.

See the reverse side of this form for further guidance on individual assessment items.

Project Name and Description: Glenoaks Station	
Address (street, city, state, zip code): 1634 N SAN FERNANDO BLVD BURBANK, CA 91504-9998	
Site Size (sq. ft. or acres): 12759	Building Size (in sq. ft.): 5346

To the best of your knowledge, does this closing impact any of the following items? (Check one)

1.	Coastal area	No
2.	Historic, cultural, or archaeological resources (approx. bldg. age: 77)	No
3.	Traffic	No
4.	Adverse impact to natural resources (e.g. — air, water, soil) — DESCRIBE:	No
5.	Is the proposed action listed as a Categorical Exclusion in 39 CFR, Part 775? Likely 'yes' as action falls under closure of Post Offices under 39 U.S.C 404(b).	Yes
6.	If the action is Categorically Excluded, are there any other extraordinary environmental circumstances? If yes, describe:	No

JANIS BUONARATI
Coordinator

05/08/2013
Date

RICK WEST
MPOO

05/08/2013
Date

For technical questions concerning the application of a Categorical Exclusion or should it be unclear if an item below has an environmental impact, contact charlotte.parrish@usps.gov prior to finalizing the form.

APPENDIX B
USPS Handbook PO-101 NEPA Checklist

Additional Assessment Item Guidance for the subject site and any adjacent surroundings:

1. Coastal area – There is a law called the ‘Coastal Zone Management Act’ (CZMA) which concerns property actions if they are in such a zone. Indicators of such zone likelihood would be proximity to a major water body, not necessarily ocean or bay. For example, the Gowanus Canal in Brooklyn, NY has some CZMA requirements as it eventually feeds into the Atlantic Ocean. Many of the coastal designations ultimately feed into a coastal water body. But this observation would not include water bodies such as small streams, small lakes or ponds.
2. Historic, cultural or archaeological resources – Buildings over 50 years old can be considered for formal historic designation. There is a spot for noting building age on the form. There may be other circumstances you are aware of – e.g., formal historic designation, local interest in making the site historic, certainty that the site is in an official historic district. You also need to consider any art resources under this item such as murals, frescos or other permanently affixed postal items of historic or artistic value.
3. Traffic – This consideration has to be isolated for the closure only, not for any other location impacted by the closure (that is a separate process). So, an example might be if a closed facility also provided access to some other area and now that access will not be maintained or as easily used. General traffic considerations relate to noise and air quality impacts, but that is not typically for closures.
4. Adverse impact to natural resources (e.g. – air, water, soil) – Look for obvious concerns such as an ongoing remediation at the site. USPS still has obligations to comply even if the facility is not operational, but vacancy could impact progress and efficiency of such a clean-up. Explain very briefly, but contact charlotte.parrish@usps.gov for further guidance before finalizing the form.

Glenoaks Station Discontinuance Financial Summary				
Investment Facilities				
	Existing	Proposed	Total Cost	
Construction/Renovation	\$ 0	\$ 0	\$ 0	
Existing & Proposed Facilities				
	Existing	Proposed	1st YR Operating Saving	10 YR Operating Saving
Building Maintenance	\$ 15,257	\$ 0	\$ 15,257	\$ 152,570
Utilities	\$ 12,889	\$ 0	\$ 12,889	\$ 128,890
Transportation	\$ 6,769	\$ 0	\$ 6,769	\$ 67,690
EAS Craft & Labor	\$ 39,112	\$ 0	\$ 39,112	\$ 391,120
Contracts	\$ 0	\$ 0	\$ 0	\$ 0
Rent	\$ 0	\$ 0	\$ 0	\$ 0
Total			\$ 74,027	
First Full Year Savings				\$ 74,027
POD 10YR NPV				\$ 740,270



A. Office

Name: GLENOAKS STATION State: CA Zip Code: 91504
Area: PACIFIC District: SIERRA COASTAL PFC
Congressional District: 29 County: LOS ANGELES
EAS Grade: 0 Finance Number: 051026
Post Office: ☐ Classified Station ☒ Classified Branch ☐ CPO ☐

This form is a place holder for number 9. And the verification of new service type is complete.

Prepared by: Janis Buonarati
Title: SIERRA COASTAL PFC Post Office Review Coordinator
Tele No: (661) 775-6749

Date: 07/15/2013
Fax No: (661) 775-7188

As the Coordinator, what are you recommending as the next course of action for GLENOAKS STATION? You can click [HERE](#) to review all the documents completed so far.

I want to:

CLOSE: ☒ CONSOLIDATE: ☐ Stop Study: ☐

and

service by



03/21/2011

Postal Customer
BURBANK, CA 91504

This letter provides notice that the U.S. Postal Service is conducting a discontinuance feasibility study of facility operations at the Glenoaks Station into the Burbank Post Office.

The office is being studied due to

A discontinuance feasibility study involves a review of delivery and retail operations of a postal facility. The purpose of the study is to evaluate the facility's operations in a continuing effort to meet customers' retail needs, improve productivity, increase efficiency, and cut costs.

Customer needs have changed dramatically. Many customers receive and pay their bills online and communicate by email and text messaging. In addition, many customers demand easier, more convenient access to Postal Service products and services when and where they want them — online, on their smart phones, and at the stores they frequent.

If a decision is ultimately made to discontinue the Glenoaks Station and you are a Post Office Box customer, you will have the option of Post Office Box delivery at the Burbank Post Office. The Burbank Post Office is 1.4 miles away and has retail hours from 900 to 1830 Monday through Friday and 900 to 1500 on Saturday.

Retail services would continue to be available through a variety of channels beyond traditional brick-and-mortar facilities, such as the www.usps.com website, stamp consignment locations, and Stamps by Mail, Fax, and Phone.

We value your opinions during this review process. As the Postal Manager responsible for all Post Offices in your area, I would like your input concerning your postal needs. We encourage you to complete and return the enclosed survey in the pre-addressed, postage-paid envelope provided. Your responses along with others received will be included in the study and considered carefully before any final determination regarding discontinuance is made. Please submit your response no later than April 10, 2011.

A community meeting will be held to explain the process and to address community concerns. Postal representatives will be at the 1634 San Fernando, Burbank, CA on 05/30/2011 from 12:30 p.m. to 1:30 p.m. to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

Written comments may be hand-delivered to the Glenoaks Station or mailed to:

District Discontinuance Coordinator
SIERRA COASTAL PFC
28201 Franklin Parkway
Santa Clarita CA, 91383-9998

The study consists of a publicly available record, so please be advised that any information or responses that you furnish will be visible to others.

A proposal that further explains the nature and justification of the proposed change in service and requests for customer comment may be posted prior to the community meeting. Comments received from the questionnaire, community meeting, and proposal will be considered prior to making a final determination.

If you have any questions concerning this discontinuance feasibility study, please contact Janis Buonarati, District Discontinuance Coordinator Contact at (661) 775-6749.

Sincerely,

Rick West
Manager, Post Office Operations

Enclosures:
Customer Survey/Pre-addressed postage-paid envelope
Summary of Postal Service Retail Facility Change Regulations



05/02/11

OIC/POSTMASTER

SUBJECT: GLENOAKS Post Office

Enclosed are questionnaires addressed to customers of the GLENOAKS Post Office. I have also enclosed additional copies of the questionnaires for any retail or other customer who wishes to complete one. Please furnish these questionnaires to retail customers upon request. All completed forms should be forwarded to my office by 05/30/2011 for further review.

Janis Buonarati
Post Office Review Coordinator
Enclosures



Postal Service Customer Questionnaire

Your responses to the following questions are important to the US Postal Service and will be considered in the feasibility study for the Glenoaks Station. Please take a few minutes to complete this survey and return it no later than 04/10/2011 in the postage-paid envelope provided.

The study consists of a publicly available record, so please be advised that any information that you furnish will be visible to others.

1. Do you visit the Glenoaks Station for personal reasons, business-related reasons, or both?



Personal reasons



Business-related reasons



Both

2. Please check the appropriate box to indicate whether you use the Glenoaks Station for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sending Priority Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Carrier pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Entering permit or bulk mailings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Obtaining other federal agency forms (e.g., Selective Service, Duck Stamps, Passport Applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. School bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Public bulletin board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Community gathering place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you ever use any of the following alternative methods to conduct business with the Postal Service?

Post Office in vicinity of where you work or shop

☐

YES

☐

NO

usps.com website

☐

YES

☐

NO

Stamps by Mail

☐

YES

☐

NO

Stamps by Phone

☐

YES

☐

NO

Stamps Online

☐

YES

☐

NO

Click-N-Ship

☐

YES

☐

NO

Buy stamps or mail packages at grocery or other retail store

☐

YES

☐

NO

4. Do you currently use local businesses in the community?

☐

Yes

☐

No

5. If you answered "yes" in Question 4, would you continue to use these businesses if the Glenoaks Station is discontinued?

☐

Yes

☐

No

6. Do you currently use businesses in nearby communities?

☐

Yes

☐

No

7. Do you have a means of transportation available to get to another Post Office in the vicinity?

☐

Yes

☐

No

8. How do you currently receive your mail?

☐

Carrier

☐

PO Box

☐

Other

Additional Comments:

Name: _____

Address: _____

City, State Zip: _____

Community Meeting Roster

Postal Service Representative (Names and Titles):

Vikki Noblitt, MPOO

Shawn White A/PM

Date: 05/30/2011

Time 12:30 p.m.

Total Number of Customers Present:

2

Place: 1634 San Fernando, Burbank, CA

This document will be placed in an administrative record that, if discontinuance goes forward, becomes available for public inspection.

Names of Customers Present:

[illegible]



05/12/2011

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way postal services are provided. Our tentative plans will only lead to a formal proposal if we are satisfied that a maximum degree of regular and effective service can be provided.

Scheduled Community Meeting

If you would like an opportunity to discuss alternatives with us, a postal representative will be at 1634 San Fernando, Burbank, CA on 05/30/2011 from 12:30 p.m. to 1:30 p.m. to answer questions and provide information about our service.

If you have any questions, you may contact Janis Buonarati at (661) 775-6749.

Thank you for your assistance.

Sincerely,

RICK WEST
Manager, Post Office Operations

Proposal Checklist

Section I

Responsiveness to Community Postal Needs

✓
✓
NA
✓
✓
✓
✓
✓
✓
✓

Tell what we are doing and why.
Is reason for discontinuance justified and documented in the record?
If suspended, what type of alternate service customers are now receiving?
Hours of service
Last four fiscal years of revenue and revenue units.
Nearest Post Office, office level, miles away, hours of service. (if applicable)
Administrative/emanating office — office level, miles away, hours of service.
Questionnaires: Mailed Out.
Community meeting. Date Set.
Advantages and disadvantages of proposed alternate service.

Section II

Effect on the Community

✓
✓
✓
✓
✓
✓

Brief background of area, community government, police, fire, etc.
Number of businesses, social organizations, schools, etc.
Did the Post Office provide assistance to senior citizens, persons with disabilities, etc.?
What is the historical value of the office?
Is an address change necessary?
Will the community identity be preserved?

Section III

Effect on Employees

✓

Paragraph explaining about postmaster vacancy/OIC/other career and noncareer employees of the office. If a postmaster or other employees are reassigned this must be explained.

Section IV

Economic Savings

✓

Ten Year savings as follows:
Total ten year savings
Cost of relocation

\$ 740,270
\$ NA

Section V

Other Factors

✓

The Postal Service has identified no other factors for consideration (if appropriate).

Section VI

Summary

✓

The proposal must include a brief summary that explains why the closing or consolidation is necessary and an assessment of how those factors supporting the need for change outweigh any negative factors. In taking competing considerations into account, the need to provide a maximum degree of effective and regular service must be paramount.

Section VII

Notices

✓

Appropriate notice is made that this is a proposal and not a final determination. If a final determination is made to discontinue the office, information on the appeal process will be provided at that time.

Checklist Completed By:

JANIS L. BUONARATI
Investigative Coordinator

8-9-11
Date

Reviewed and Certified By:

JANIS L. BUONARATI
District PO Review Coordinator

8-9-11
Date



08/09/2011

SENIOR VICE PRESIDENT
GOVERNMENT RELATIONS AND PUBLIC POLICY
475 L'ENFANT PLAZA SW RM 10804
WASHINGTON DC 20260-3500

SUBJECT: Posting of the Proposal to Close
the GLENOAKS Post Office
Docket No. 1364982

This is to advise you that on 08/09/2011, I will post for public comment a proposal to close the GLENOAKS Post Office in LOS ANGELES, Congressional District No. 29th.

If you have any questions, please call JANIS BUONARATI District Review Coordinator at (661) 775-6749.

KERRY WOLNY
District Manager
SIERRA COASTAL PFC District

cc: Manager, Customer Service Operations
Area Manager, Public Affairs and Communications

Enclosures: PS Form 4920
Proposal



06/07/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Letter of Instructions Regarding Posting of
GLENOAKS Proposal
Docket No. 1364982 - 91504

Please post the enclosed proposal to close the GLENOAKS Post Office in the lobby. The proposal must be posted in a prominent place from 06/09/2011 through close of business on 08/10/2011. The posting must last at least 60 days and the first day does not count.

Round-date stamp the cover of the proposal on the date of posting and on the date of removal. Also, post the "Invitation for Comments" next to the proposal and round-date stamp it in the same manner.

Additional copies of the proposal and comment forms are enclosed. Provide them to customers upon request.

Also enclosed is the official record on which this proposal is based. Customers may read it; however, they may not remove it from your office. When a customer requests a copy of the record, provide it upon payment of any fees prescribed in AS-353 Guide to Privacy and the Freedom of Information Act. If you do not have photocopy equipment, take the customer's name, address, and telephone number and contact the district for a copy of the record.

At the expiration of the posting period, further instructions will be provided. If there are any questions, please contact me at (661) 775-6749.

JANIS BUONARATI
Post Office Review Coordinator
SIERRA COASTAL PFC District

Enclosures: PS Form 4920
Proposal
Invitation for Comments
Comment Forms
Official Record

Date of Posting: 06/09/2011

Date of Removal: 08/10/2011

UNITED STATES POSTAL SERVICE

**INVITATION FOR COMMENTS ON THE PROPOSAL TO CLOSE
THE GLENOAKS, CA STATION
AND CONTINUE TO PROVIDE
SERVICE BY CITY DELIVERY**

To the customers of the Glenoaks Station:

The Postal Service is considering the closure of the Glenoaks Station for reasons stated in the accompanying proposal.

During the 60-day posting period from 06/09/2011 through 08/10/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the Glenoaks Station and Burbank Post Office. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JANIS BUONARATI
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

For more information, you may call JANIS BUONARATI at (661) 775-8749 or write to the above address.

Thank you for your assistance.

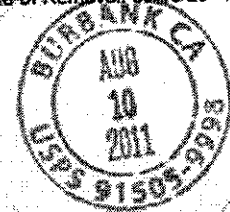
RICK WEST
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

Date of Posting: 06/09/2011

Date of Removal: 08/10/2011

UNITED STATES POSTAL SERVICE

**INVITATION FOR COMMENTS ON THE PROPOSAL TO CLOSE
THE GLENOAKS, CA STATION
AND CONTINUE TO PROVIDE
SERVICE BY CITY DELIVERY**



To the customers of the Glenoaks Station:

The Postal Service is considering the close of the Glenoaks Station for reasons stated in the accompanying proposal.

During the 60-day posting period from 06/09/2011 through 08/10/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the Glenoaks Station and Burbank Post Office. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JANIS BUONARATI
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

For more information, you may call JANIS BUONARATI at (661) 775-6749 or write to the above address.

Thank you for your assistance.

VIKKI NOBLITT
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

Date of Posting: 06/09/2011

Date of Removal: 08/10/2011

PROPOSAL TO CLOSE
THE GLENOAKS, CA STATION
AND CONTINUE TO PROVIDE
SERVICE BY CITY DELIVERY

DOCKET NUMBER 1364982 - 91504

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is proposing to close the Glenoaks, CA Station and provide delivery and retail services by city delivery under the administrative responsibility of the Burbank Post Office, located one miles away.

The office is being studied for possible closing or consolidation due to the following reasons:

The Glenoaks Post Office provides retail service from 09:00 - 17:00 Monday through Friday and Closed on Saturday. Over the past several years there has been a decline in the amount of walk in revenue generated.

The revenue trend is as follows:

FY 08 \$ 1,219,252

FY 09 \$ 975,274

FY 10 \$ 906,510

FY 11 \$ 930,481

FY 12 \$ 877,111.

On or about March 24, 2011, questionnaires were distributed to customers of the Glenoaks Station. Questionnaires were also available over the counter for retail customers at the Glenoaks Station.

On May 30, 2011, representatives from the Postal Service were available at 1634 San Fernando, Burbank, CA from 12:30 p.m. to 1:30 p.m. to answer questions and provide information to customers.

If this proposal is implemented, delivery and retail services will be provided by the Burbank Post Office. Window service hours at the Burbank Post Office are from 900 to 1830, Monday through Friday, and 900 to 1500 on Saturday.

Some advantages of the proposal are:

1. Stamps by Mail order forms are provided for customer convenience.
2. Customers opting for carrier service will have 24-hour access to their mail.
3. Savings for the Postal Service contribute in the long run to stable postage rates and savings for customers.
4. Customers opting for carrier service will not have to pay post office box fees.
5. Saves time and energy for customers who drive to the post office to pick up mail.

Some disadvantages of the proposal are:

1. The loss of a retail outlet and a manager position in the community. Retail services may be provided by the rural or contract delivery carrier.
2. Potential of some to have to travel additional distance.
3. A change in the mailing address. The community name will continue to be used in the new address. A carrier route address will be assigned.

II. EFFECT ON COMMUNITY

Glenoaks is an unincorporated community located in Los Angeles County. The community is administered politically by City of Burbank. Police protection is provided by the City of Burbank. Fire protection is provided by the City of Burbank. The community is comprised of Retirees, self employed, commuters, students and those who commute to work at nearby communities and may work in local businesses.

Businesses and organizations include: Many businesses in the Burbank area. Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the Glenoaks Station will be available at the Burbank Post Office. Government forms normally provided by the Post Office will also be available at the Burbank Post Office or by contacting your local government agency.

This Glenoaks Station is not listed as a historic landmark. The community name will be maintained for customer addressing, and the Zip Code is not expected to change.

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this proposal will not adversely affect the community and every effort will be made to maintain the identity.

III. EFFECT ON EMPLOYEES

This unit is a retail annex and all employees are part of another installation and their work schedules will be adjusted to work at the parent facility.

IV. ECONOMIC SAVINGS

The Postal Service estimates a ten year savings of \$ 740,270, assuming filling vacant management and craft positions at the median salary range with a breakdown as follows:

Building Maintenance	\$ 152,570
Utilities	\$ 128,890
Transportation	\$ 67,690
EAS Craft & Labor	\$ 391,120
Contracts	\$ 0
Rent	\$ 0
Relocation One-Time Cost	\$ 0
Total Ten Year Savings	\$ 740,270

V. OTHER FACTORS

The Postal Service has included "Node Study" attached at end of proposal.

VI. SUMMARY

The Postal Service is proposing to close the Glenoaks, CA Station and provide delivery and retail services by city delivery under the administrative responsibility of the Burbank Post Office, located one miles away.

The Glenoaks Station provided delivery and retail service to 416 PO Box or general delivery customers and no delivery route customers.

The Postal Service will save an estimated \$ 740,270 over the next ten years.

06/09/2011

RICK WEST
Manager, Post Office Operations

Date

Facility Optimization

FSO: Pacific FSO

Area: Pacific Area

District: Sierra Coastal District

Node: Burbank CA – Glenoaks Station

Node #: P-09-20

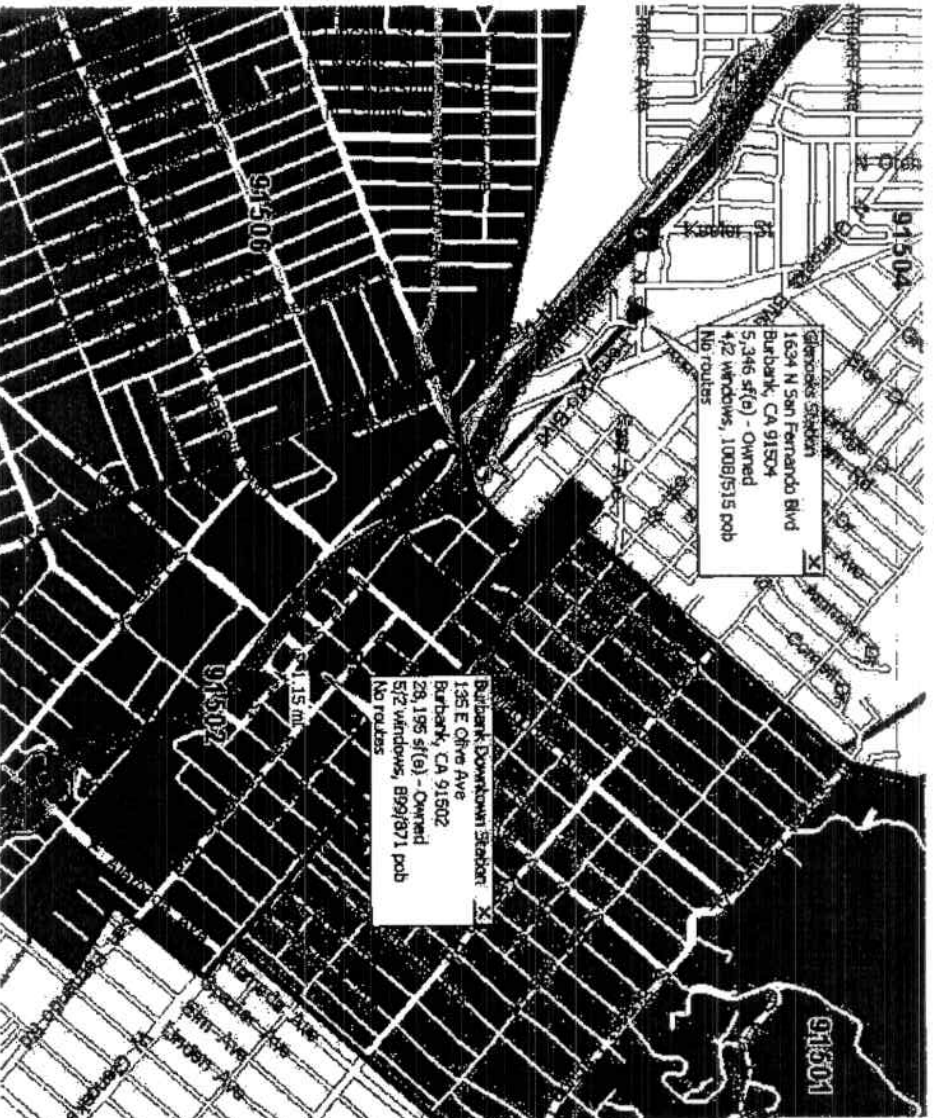
Date: May 8, 2009



Node Selection Criteria:***Hot Real Estate Market, Numerous Retail in Radius***☐ 3 buildings evaluated**Recommendation:**☐ 2 buildings impacted

- 1 Owned facility to be vacated and placed on real estate market.
- 1 Owned facility requires capital funds.

Impacted Facilities



OPTION 1

- Renovate Burbank Downtown Station to accommodate additional post office boxes.
- Transfer retail operations from Glenoaks Station to Downtown Station.
- Dispose owned Glenoaks Station and place on real estate market for sale.



Burbank CA – Glenoaks Station Node #P-09-20

Facility Impacts

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PAGE 8

Burbank CA - Glenoaks Station	Current				Existing Inventory				New Inventory		New Inventory				New Inventory				
	Current Within SF	# Rooms	PO Boxes installed/ Rented	# Counters installed/ Rented	Sell	Term Leas	Absorb Rec	Absorb Del	New Retail	New C&M	New Ret	Req'd SF	# Rooms	PO Boxes installed/ Rented	# Counters	Req'd SF	# Rooms	PO Boxes installed/ Rented	# Counters

Finance # /
Sub Loc

Option 1																			
051026-G02	Vacate and sell building	5,346 (EFWS)	0	1,058 / \$75	4/2	Yes						0	0	0	0	0	0	0	0
051026-G01	Move retail and P.O. Boxes from Glenoaks Station	28,195 (EFWS)	0	898 / \$71	5/2				Yes			28,195 (Owned bldg)	0	1,524 / 4,386	5	28,195 (Owned bldg)	0	1,524 / 4,386	5

OPTION 1

- Renovate Burbank Downtown Station to accommodate additional post office boxes.
- Transfer retail operations from Glenoaks Station to Downtown Station.
- Dispose owned Glenoaks Station and place on real estate market for sale.

Burbank CA – Glenoaks Station Node #P-09-20

Summary of Costs

Action Identification: P-09-20-01
Action: Vacate Glenoaks Station
Facilities Impacted: Glenoaks Station, Downtown Station.

Option 1	Cost / Savings	
	One-Time	Annual
Utilities		\$12,889
Interstation		\$6,769
Maintenance Labor		\$15,257
Carrier Route Trans		\$0
Carrier Labor		\$0
EAS/Craft Labor		\$39,112
Lease Savings		\$0
Broker's Opinion of Value	\$1,229,888	
Build-Out / L63 Capital	(\$83,268)	
TOTAL	\$1,146,630	\$74,027

10-Year NPV: \$1,553,192

Build-Out/L63/L61 Capital:

- \$83,258 build out cost for Downtown Station to accommodate Glenoaks Station retail operations.



Burbank CA – Glenoaks Station

Node # P-09-20

Implementation Schedule

PACIFIC FSO NODE STUDY: Burbank - Glenoaks Station	Funding Approval	Place Property on Market	Renovate Existing Postal Space	Anticipated Sale of Property	Move Operations to Alternate Space
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Option 1					
Action	Area	District			
Renovate Burbank Downtown Station to accommodate additional post office boxes.	PFSO	Sierra Coastal	Sep-09	Nov-09	
Transfer retail operations from Glenoaks Station to Downtown Station.		Sierra Coastal		Sep-09	Oct-09
Dispose owned Glenoaks Station and place on real estate market for sale.	PFSO				FY2010

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Burbank CA – Glenoaks Station

Node # P-09-20

Concept Approvals

Yes ☒ No ☐

OPTION 1

- Remove Burbank Downtown Station to accommodate additional post office boxes.
- Transfer retail operations from Glenoaks Station to Downtown Station
- Dispose owned Glenoaks Station and place on real estate market for sale.

Signature indicates concept concurrence.

DM Signature: 

Date: 5-21-09



This Optimization Study Meets the Criteria for Approval

Please proceed with Area VP Presentation

OPC Approval: 

Date: 6-22-09

AVP Signature: 

Date: 8-13-09

DOCKET NO 1364982-91504
ITEM NO 17
PAGE 11



06/07/2011

OFFICER-IN-CHARGE/POSTMASTER

SUBJECT: Instructions for Posting the "Notice of Taking Proposal and Comments Under Internal Consideration"

At the close of business on 08/10/2011 take down the "Proposal" and the "Invitation for Comments" from the lobby. Round-date stamp them upon removal and verify that the mandatory 60-day posting period was observed. The proposal and invitation for comments must be posted for at least 60 days, and the first day does not count.

On the same day, prominently post in the lobby the enclosed "Notice of Taking Proposal and Comments Under Internal Consideration." The notice should remain posted until you receive further notice from this office.

Please return the posted "Proposal," "Invitation for Comments," the official record, and any related discontinuance materials to this office.

Thank you for your assistance.

Sincerely,

JANIS BUONARATI
Post Office Review Coordinator
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|------------------------------|--|
| a. Other | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|----------|------------------------------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain: DID NOT USE CARRIER
ROUTE SER.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping	<u>ALL OVER</u>
<input type="checkbox"/>	Personal needs	<u>11</u>
<input type="checkbox"/>	Banking	<u>11</u>
<input type="checkbox"/>	Employment	<u>RETIRED</u>
<input type="checkbox"/>	Social needs	<u>11</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: WILLIAM F SCHIEL

Address: PO BOX 3461

Telephone: 818 842 0620

Date: 5-6-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain:

WE DONOT GET CARRIER SERVICE

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Driffill

Address: PO Box 3287 Burbank 91508

Telephone: _____

Date: 5/9/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

- a. Buying Stamps
- b. Mailing Letters
- c. Mailing Parcels
- d. Pick up Post Office box mail
- e. Pick up general delivery mail
- f. Buying money orders
- g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation
- h. Sending Express Mail
- i. Buying stamp-collecting material

Daily Weekly Monthly Never

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings
- b. Resetting/using postage meter

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

- a. Other

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: NEAL CARTER

Address: 906 UNIVERSITY AVE, BURBANK 91504

Telephone: 818-472-8976

Date: 5/8/2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the **GLENOAKS Post Office** for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Shopping |
| <input type="checkbox"/> | Personal needs |
| <input type="checkbox"/> | Banking |
| <input checked="" type="checkbox"/> | Employment |
| <input type="checkbox"/> | Social needs |

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Kasbar Mickhanian

Address: 824 Birmingham rd. Burbank

Telephone: 818 846 9235

Date: 05/05/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, 3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	Personal needs
<input checked="" type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

- a. Buying Stamps
- b. Mailing Letters
- c. Mailing Parcels
- d. Pick up Post Office box mail
- e. Pick up general delivery mail
- f. Buying money orders
- g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation
- h. Sending Express Mail
- i. Buying stamp-collecting material

Daily Weekly Monthly Never

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings
- b. Resetting/using postage meter

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

- a. Other

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If yes, please explain:

I used THE ONE IS ON N. HOLLYWOOD WAY

If you previously/currently received Post Office box service or general delivery service.
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Shopping |
| <input type="checkbox"/> | Personal needs |
| <input type="checkbox"/> | Banking |
| <input type="checkbox"/> | Employment |
| <input type="checkbox"/> | Social needs |

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: HENRY MUNOZ, ENRIQUE MUNOZ

Address: 2131 N. Frederick ST.

Telephone: 518 842 0580

Date: 5, 7, 11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|------------------------------|--|
| a. Other | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|----------|------------------------------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Oliver St., Burbank

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Julieta Kirkpatrick

Address: P.O. Box 3424, Burbank, CA 91508

Telephone: _____

Date: 5/6/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: ALEX KIRKPATRICK

Address: P.O. BOX 3701 BURBANK ^{CA} 91508

Telephone:

Date: 05/06/11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

PLEASE STAY OPEN

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

The main office in Burbank on Olive Ave., between First Street
and San Fernando.

If you previously/currently received Post Office box service or general delivery service
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Stephen Kemp

Address: P.O. Box 3281

Telephone: (818) 517-4516

Date: 5/7/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire

The N. Hollywood Way office is completely out of the way for me & my elderly/blind mother, for whom is one of the main reasons I maintain a P.O. Box. If you could transfer my P.O. Box to the Olive Ave. office, that would be great; but the N. Hollywood Way office would force me to cancel. Thank you. SK

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain: I receive my mail just as fine.

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

<input type="checkbox"/>	Shopping	<u>Burbank mall</u>
<input type="checkbox"/>	Personal needs	<u>Ralph / CVS - on San Fernando</u>
<input type="checkbox"/>	Banking	<u>Bank of America Olive & 1st</u>
<input type="checkbox"/>	Employment	<u>Los Angeles</u>
<input type="checkbox"/>	Social needs	<u>Burbank / Downtown</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Heather Almeida

Address: P.O. Box 3206 - Burbank - CA 91508

Telephone: (818) 200-5878

Date: May 7, 2011

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|---|-----------------------------|
| a. Other | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|---|-----------------------------|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service.
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Raymond Gonzalez

Address:

P.O. Box 3507 Burbank, Ca

Telephone:

818-433-7264

91508

Date:

05/06/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/> ↔	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☒

Shopping

☒

Personal needs

☒

Banking

☐

Employment

☐

Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

John Malceh

Address:

PO-Box 3141 91508

Telephone:

866-426-3473

Date:

5/5/2011

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following;

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, 3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain: I HAVE A P.O. BOX FOR my BUSINESS, AND DELIVERY AT HOME FOR my PRIVATE PERSONAL MAIL.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: ELZIA BURCH

Address: P.O. BOX 3163 BURBANK, CALIF. 91508

Telephone: 818 519-5162

Date: 5/9/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

I NEED THIS POST OFFICE NOT TO CLOSE.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously/currently received Post Office box service or general delivery service.
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☒ No Opinion ☐ Worse

please explain:

EXCEPT MY MAIL DELIVERED BY CARRIER, RECEIVED IN
MY NEIGHBORS BOXES, NOT GIVEN TO ME FOR DAYS!

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

I'M 81 YRS OF AGE, WHERE ELSE COULD
I WALK TO?

Name: BEVERLY CLARK

Address: 1809 N PEYTON AVE #112 BURBANK PO Box 3914
BURBANK CA 91508

Telephone: 818 954 9326

Date: MAY 6, 2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
 1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

OF COURSE

☒ YES ☐ NO

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes ☒ No

Name:

JESSE C. MORRIS

Address:

P.O. Box 3538 Burbank 91508

Telephone:

(818) 641-1187

Date:

5-8-2011

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

THE HOLLYWOOD POST OFFICE IS ALWAYS CROWDED
AND INCONVENIENT. THE GLENDALE STATION IS
MORE EFFICIENT, FAST, AND RELIABLE

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse
please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

JERRY DECKELMANN

Address:

1206 N 6th St Burbank 91504

Telephone:

818-848-0105

Date:

5-18-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

I plan to Discontinue my PO Box
upon Next Renewal

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	Personal needs
<input checked="" type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Rebecca Hall

Address: 1900 Keeler Str. Burbank 91504

Telephone: 818 681-8879

Date: 5-11-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Burbank Post office, Much Better location.
 I've lived in Burbank for 13 years,
 I've used the Glen Oaks Post Office once.

If you previously/currently received Post Office box service or general delivery service.
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

MAIL IS delivered on time consistently *

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping	
<input type="checkbox"/>	Personal needs	<u>n/a</u>
<input type="checkbox"/>	Banking	
<input type="checkbox"/>	Employment	
<input type="checkbox"/>	Social needs	

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Angela Holmes 91508

Address: 188 elmwood Ave. unit D / Po Box 3326 Burbank 91508

Telephone: (818) 445-1222

Date: 5-10-2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

please do not send mail to my physical
Address as it MAY be intercepted.
Please send ANY corresponding mail to my safe
Po Box. Thank you for your consideration in
this matter.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

On the road a lot

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

*Hollywood way is
NOT acceptable! slow, rude
service*

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

☒ YES ☐ NO
SYLMAR POST OFFICE.

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | |
|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> | Shopping |
| <input checked="" type="checkbox"/> | Personal needs |
| <input checked="" type="checkbox"/> | Banking |
| <input type="checkbox"/> | Employment |
| <input type="checkbox"/> | Social needs |

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: METROMEDIA INTL, INC

Address: P.O. Box 3338 BURBANK,

Telephone: 818-503-2992

Date: 5/9/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: ACCOUNTING CONSULTANTS, INC

Address: Bx 3430

Telephone: (818) 768-

Date: 5/10/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I pass the Burbank main post office. IT IS VERY BUSY
NO PLACE TO PARK, TRAFFIC IS HEAVY BY THE MAIN POST
OFFICE. PLEASE DO NOT MOVE THE POST OFFICE TO ANOTHER
LOCATION. BUSINESS WILL PICKUP

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: ALBERT HAKOPIAN

Address: P.O. Box 3762 BURBANK, CA 91508

Telephone:

Date: 05/08/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

I LIVE IN GLENDALE, CA AND THERE IS A NEW POST OFFICE ON SONORA / SAN FERNANDO ROAD. BUT I PREFER TO USE THE BURBANK ONE ON SAN FERNANDO ROAD. FRIENDLY PEOPLE FAST SERVICE EASY ACCESS LOTS OF PARKING NO TRAFFIC CONVENIENT LOCATION PLEASE DON'T MOVE! DELIVER ACCURATE

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain:

I need my POBox in my Neighborhood for safety of my mail

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Donna Anderson

Address:

2600 N. MYERS

(POBox 3323, 91508)

Telephone:

818 841-2788

Date:

5-17-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services? now

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Joseph Horsepicon

Address: P.O. Box 3601 Burbank CA 91504

Telephone: 818-845-4091

Date: May 9th, 2011

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Closing this branch will cause a lot of inconvenience. This
branch is the closest to me and so I am able to check my P.O. Box
everyday and get and send mail regularly. I am against to closing of
this branch.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service.
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

DAVID L. YGARLEY

Address:

Telephone:

818 - 903-0390

Date:

05-09-2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

MY OFFICE IS ON GLENOAKS BLVD + SCOTT

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

DELIVERY AT DIFFERENT TIMES. I NEED THE MAIL IN AM

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

<input type="checkbox"/>	Shopping	BURBANK
<input type="checkbox"/>	Personal needs	BURBANK
<input type="checkbox"/>	Banking	BURBANK
<input type="checkbox"/>	Employment	BURBANK
<input type="checkbox"/>	Social needs	BURBANK

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: DR HERBERT M. RUBIN

Address: 2020 W. GLENGARY BLVD BURBANK

Telephone: 818 845 2491

Date: 5/6/21

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

I HAVE BEEN GOING TO THIS POST OFFICE
FOR MANY YEARS AND DON'T WANT TO
CHANGE!

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

Please do not close the glen Oaks Post Office. Using the Hollywood Way is not convenient! They are always very busy with very long lines!

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒

Shopping

☒

Personal needs

☐

Banking

☐

Employment

☒

Social needs

5. Do you currently use local businesses in the community?

☒

Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐

Yes

☒

No

Name:

Ross L. Shepherd

Address:

1430 W. 130th Ave

Telephone:

818-955-9800

Date:

5/9/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse
please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: MICHELLE SAFARIAN

Address: P.O. Box 3703 BURBANK CA 91502

Telephone: 818 381 2828

Date: 5-9-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

I would like to keep this post office. It is convenient, friendly and practical. I don't like crowded post offices like Hollywood way, and the one on Olive is hard to get to, plus it's a busy street. I have used this south office since 1977. I would like to continue using it. Thank you.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☒

Shopping

☐

Personal needs

☐

Banking

☐

Employment

☐

Social needs

5. Do you currently use local businesses in the community?

☒

Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐

Yes

☒ No

Less so

Name:

Emi Jay

Address:

5328 Strawn Ave, North

Telephone:

8187205806

Date:

5/9/11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Personal needs

Banking

Employment

Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Silva Hagapeti

Address: 2025 Bonita Ave Burbank Ca 91504

Telephone: (818) 843 3717

Date: 5, 5, 11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: LEO O. GUERRERO

Address: _____

Telephone: 818-618-7892

Date: 5-10-11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☒ YES ☐ NO

If yes, please explain:

to pick up my Burbank Times & phone books

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

please explain: I have mail box & often
had missing mail & bills not received
Some time maybe stolen

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Hewes & Ralphs San Fernando Rd
☐ Personal needs CVS
☐ Banking on line
☐ Employment at home
☒ Social needs occasional visit to my
children in Thousand Oaks

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

don't know what I would do
Don't drive much. age & cost of gas.
Others are too far away

Name: Robin Leslie

Address: 530 Jamestown Rd 91504

Telephone: 818.8485797 cell 818.2599553

Date: May 10 2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

I depend on this Po for my mail.
It has been a very good thing for me
to have my Po Box & I need local to mail
& receive my e-Bay & QVC transactions &
get my new stamps. Don't drive much.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

☐ YES ☒ NO

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Roxie Khachatryan

Address:

608 E Magnolia

Telephone:

818-295 3814

Date:

4-5-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain: Boxes ARE Limited ~ please Don't
eliminate my Box.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	<u>Shopping</u>
<input type="checkbox"/>	<u>Personal needs</u>
<input type="checkbox"/>	<u>Banking</u>
<input checked="" type="checkbox"/>	<u>Employment</u>
<input type="checkbox"/>	<u>Social needs</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: LUIS CORREA (MOSHEE THEZIAN)

Address: P.O. Box 3947 BURBANK CA 91508

Telephone: 818-397-1352

Date: 5-7-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

DONT eliminate my Box, unless
you can ADD Boxes to another near by
post office ~ which you cant easily do.
SO KEEP MY BOX!!!

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Jeffrey McBeth

Address:

230 Bethany Rd, #107, Burbank, CA 91504

Telephone:

(818) 848-5165

Date:

5/5/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Please keep this post office open!

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

BRAD BROWN / BROWN INS.

Address:

P.O. BOX 3009 BURLINGAME 91508

Telephone:

(818) 841-2704

Date:

5/6/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒

Shopping

☐

Personal needs

☐

Banking

☐

Employment

☐

Social needs

5. Do you currently use local businesses in the community?

☒

Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒

Yes

☐ No

Name: Robert Juarez

Address: P.O. BOX 3321 BURBANK CA 91508

Telephone: 818-355-4776

Date: 5-6-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

① This Building is A HISTORICAL one

② I paid for A full YEAR if you close I want money BACK.

③ If you close This location I shall not use postal BOX ELSE WHERE.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

please explain: We live in a private drive and our mail person doesn't always deliver mail/package to house (curb?) so we use POBox.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	Valley, Burbank, La Crescenta
<input checked="" type="checkbox"/>	Personal needs	" " "
<input checked="" type="checkbox"/>	Banking	Burbank
<input checked="" type="checkbox"/>	Employment	LA
<input checked="" type="checkbox"/>	Social needs	All over

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Jill Werner

Address: 9960 Shadow Hills Dr, 91040 / Mailing PO Box 3730 Burbank 91508

Telephone: 818-319-7895

Date: 5/12/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

This POBox location is very convenient for me. I would prefer it stayed open. But would be okay moving to another local. This is a Hassel as I would have to change all mailing address unless we could keep same address.*

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|------------------------------|-----------------------------|
| a. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|------------------------------|-----------------------------|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

OLIVE BRANCH SOMETIMES

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: SESSIONS PAYROLL MGMT. INC.

Address: 303 N. GLEN OAKS BLVD BURBANK 91502

Telephone: 818 841-5202 #14

Date: 5-11-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

OUR P.D. BOX NUMBER IS ON CHECKS + OTHER STATIONARY. WOULD WE BE ABLE TO KEEP SAME NUMBER.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO
- If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

This is the best P.O. for the Burbank hillside residents.

If you previously/currently received Post Office box service or general delivery service
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse
please explain: NA

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	<u>Occasionally</u>
<input type="checkbox"/>	Personal needs	<u>No</u>
<input type="checkbox"/>	Banking	<u>No</u>
<input checked="" type="checkbox"/>	Employment	<u>Occasionally</u>
<input checked="" type="checkbox"/>	Social needs	<u>Church</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Not relevant.

Name: Graham Matthews

Address: 841 Irving Dr. / P.O. Box 3535
Burbank 91504 Burbank 91508

Telephone: 818-846-6500

Date: 5/11/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Please do not close this location,
This is the best P.O. Branch for
91504 Residents to use.
Hollywood Way is very inconvenient!!

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☒ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Byron Caloz

Address: 2956 N Lincoln St.

Telephone: (818) 972-9918

Date: May 12/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|------------------------------|--|
| a. Other | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|----------|------------------------------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

- | | | |
|-------------------------------------|----------------|-----------------|
| <input type="checkbox"/> | Shopping | <u>sometime</u> |
| <input type="checkbox"/> | Personal needs | <u>sometime</u> |
| <input type="checkbox"/> | Banking | <u>sometime</u> |
| <input checked="" type="checkbox"/> | Employment | |
| <input checked="" type="checkbox"/> | Social needs | |

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

N.S. JITENARAN

Address:

3057 N. Buena Vista Burbank 91504

Telephone:

818-606-8412 cell

Date:

5/12/11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Burbank No. Hollywood way

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: MARIA MONTERO

Address: PO BOX 3645 Burbank CA. 91508

Telephone: (818) 280-7490

Date: 5-15-11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Have no problem switching
to No. Hollywood Way station
near airport. Thanks!

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

THEY DO NOT
CARRY IT
WOULD
PURCHASE
IF AVAILABLE

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: ALFREDO M. FULCHIGNONI

Address: PO BOX 3100 BURBANK, CA 91508

Telephone: (818) 557-6677

Date: 05/15/2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

CLOSING GLENOAKS STATION WILL HAVE
AN ADVERSE IMPACT ON BURBANK'S BUSINESSES,
NORTH HOLLYWOOD WAY LOCATION WILL NOT
WORK FOR US,

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Cesar I. Sanchez

Address:

2660 N FREDERICK ST #E Burbank CA 91504
PO Box 3143 Burbank CA 91508

Telephone:

818 343-4669

Date:

5-5-2011

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

The change will force me to drive very much
further. I am 77 years old and with the price of gas,
I may have to consider getting mail carrier service.
But in the meantime, I'll continue with my PO box.

Cesar I. Sanchez
PO Box 3143
91508

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: PAUL ARUTUNIAN

Address: 528 E. SAN JOSE AVE. ^{BURBANK} 91501

Telephone: 818-566-7426

Date: 5-11-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☒ YES ☐ NO

If yes, please explain:

*Picking up Burbank Times
TAX, ELECTION PAPERS & OTHER CORRESPONDENCE AVAILABLE TO PUBLIC*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain:

FRIENDLY PROFESSIONAL PEOPLE

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐

Shopping

☐

Personal needs

☐

Banking

☐

Employment

☐

Social needs

I SHOP & LIVE IN BURBANK

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

John Reynolds

Address:

P.O. Box 3776 Burbank, CA 91508

Telephone:

818-257-2104

Date:

5-9-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

YOU CLOSED THE MAYWOOD P.O. WHICH IS UNDERSTANDABLE, TO CLOSE TO HOLLYWOOD STATION. GLEN OAKS STATION SERVES A HEAVY RESIDENTIAL AREA & IS NOT CLOSE TO HOLLYWOOD OR OLIVE STATIONS. P.S. YOU STATE THAT GLEN OAKS HAS LOW CUSTOMER TRAFFIC? NOT WHEN I GO THERE, YOU SHOULD ~~EXPAND~~ IT

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

OLIVE BRANCH

If you previously/currently received Post Office box service or general delivery service
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: CHERYL MENDEZ

Address: P.O. BX 3504 BURBANK 91508

Telephone: _____

Date: 5/9/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service, 3. complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: CRAIG COSTELLO

Address: 7635 N. SAN FERNANDO RD

Telephone:

Date: 5/12/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
 1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Olive Avenue, Burbank, CA
is more convenient than
Hollywood Way, Burbank

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

<input type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Moryah T. Patron

Address: PO Box 3246, Burbank, CA 91508

Telephone: (818) 266-3381

Date: 05/11/11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

I do not want my box transferred
to Hollywood Way, Burbank. If there has to
be a closure, I prefer Olive Ave, Burbank
although parking is an issue. Thank you.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|----------|------------------------------|-----------------------------|
| a. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|------------------------------|-----------------------------|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

- a. Buying Stamps
- b. Mailing Letters
- c. Mailing Parcels
- d. Pick up Post Office box mail
- e. Pick up general delivery mail
- f. Buying money orders
- g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation
- h. Sending Express Mail
- i. Buying stamp-collecting material

Daily Weekly Monthly Never

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings
- b. Resetting/using postage meter

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

- a. Other

If yes, please explain:

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If you previously/currently received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: J. CHASE

Address: 2848 MYERS

Telephone: 828-~~842~~ 842-2572

Date: 5/11/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	<u>VARIES</u>
<input checked="" type="checkbox"/>	Personal needs	<u>VARIES</u>
<input type="checkbox"/>	Banking	
<input type="checkbox"/>	Employment	
<input checked="" type="checkbox"/>	Social needs	<u>VARIES</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No UNSURE

Name: GEORGE E. BLOCH

Address: PO Box 3024, BURBANK 91508

Telephone: 818) 767-6666

Date: MAY 7, 2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

KEEP GLENDALES OPEN, BUT IF YOU MUST MOVE, THEN HOLLYWOOD WAY IS OK - BUT PLEASE DO NOT MOVE TO DOWNTOWN BURBANK ON OLIVE - BAD TRAFFIC, BAD PARKING, VERY INACCESSABLE!
IF YOU MOVE TO HOLLYWOOD WAY - PLEASE KEEP LOBBY DOORS OPEN 24-7 FOR ACCESS TO BOXES, THANK YOU

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	<u>VARIES</u>
<input checked="" type="checkbox"/>	Personal needs	<u>VARIES</u>
<input type="checkbox"/>	Banking	
<input type="checkbox"/>	Employment	
<input checked="" type="checkbox"/>	Social needs	<u>VARIES</u>

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No UNSURE

Name: GEORGE E. BLOCH

Address: PO Box 3024, BURBANK 91508

Telephone: 818) 767-6666

Date: MAY 7, 2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

KEEP GLENDALES OPEN, BUT IF YOU MUST MOVE, THEN
HOLLYWOOD WAY IS OK - BUT PLEASE DO NOT MOVE
TO DOWNTOWN BURBANK ON OLIVE - BAD TRAFFIC,
BAD PARKING, VERY INACCESSABLE!

IF YOU MOVE TO HOLLYWOOD WAY - PLEASE
KEEP LOBBY DOORS OPEN 24-7 FOR ACCESS TO BOXES, THANK YOU

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

please explain: Quickly & courteous Besides help me on
all my Questions.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: William M Osorio

Address: P.O. Box 1321, Burbank, Ca. 91504

Telephone: (818) 841-4311

Date: 5/7/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

DEBRAH JESCHKE

Address:

P.O. Box 3183 Buckhannon, CH.

Telephone:

818-843-4002

Date:

5/11/11

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
 1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes

☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

☒ YES ☐ NO

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

please explain: miss placed mail to X with next door
neighbor

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Personal needs
<input type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Sarkis Alkhasian

Address: 528 Stanford Rd.

Telephone: (213) 400-8512

Date: 5/5/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Moving the p.o. box location how many
is going to be difficult to check the box
on daily basis, I will have to use possibly
oline Ave or Glendale post office.
Regards

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ?
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐

Shopping

☐

Personal needs

☐

Banking

☐

Employment

☐

Social needs

5. Do you currently use local businesses in the community?

☒

Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐

Yes

☐ No

Name:

VARAD RAS

Address:

P.O. BOX 3550 DURBANK, CA 91508-3550

Telephone:

818-954-0650

Date:

MAY 12 2011

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

KEEP IT OPEN!

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

OLIVE + S.F. Blvd.

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Shopping |
| <input type="checkbox"/> | Personal needs |
| <input type="checkbox"/> | Banking |
| <input type="checkbox"/> | Employment |
| <input type="checkbox"/> | Social needs |

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|---|
| a. Other | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|----------|---|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: V. FLORES

Address: P.O. BOX 3698, BURBANK, CA 91508

Telephone:

Date:

05/10/11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.

PARKING SPACE AT THIS LOCATION SHOULD BE ALLOWED FOR THE USPS CUSTOMERS ONLY.

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: MARIO U. GRASSANO JR

Address: PO Box 3332, BURBANK, CA 91508

Telephone: (818) 310-4645

Date: 5-5-11

Please add any additional comments below. Thank you for taking the time to complete this questionnaire.



05/08/2013

GLENOAKS CUSTOMERS
BURBANK, CA

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Glenoaks Station. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

- You expressed a concern about package delivery and pickup. Rural carriers will deliver packages that fit in your rural mail box. If the package does not fit in the mail box, the carrier will deliver the package up to 1/2 mile off of the line of travel, at a designated place, such as on your porch or under a carport.
- You expressed a concern about the loss of the Communities' identity. A community's identity derives from the interest and vitality of its residents and their use of its name. The Postal Service is helping to preserve community identity by continuing the use of the suspended Post Office name and ZIP Code in addresses and in the National Five-Digit ZIP Code and Post Office Directory.
- You expressed a concern about the loss of the Communities' identity. A community's identity derives from the interest and vitality of its residents and their use of its name. The Postal Service is helping to preserve community identity by continuing the use of the suspended Post Office name and ZIP Code in addresses and in the National Five-Digit ZIP Code and Post Office Directory.
- You expressed a concern that the Postal Service exhibits a lack of interest in the mailing needs of the community. The Postal Service is required to provide each community with regular and effective service, using the most cost efficient means possible. The proposed alternate delivery service will meet the mailing and service needs of the community in a more cost effective manner.

If you have additional questions or comments, please feel free to contact Janis Buonarati at (661) 775-6749.

Sincerely,

RICK WEST
Manager, Post Office Operations
28201 Franklin Parkway
Santa Clarita, CA, 91383-9998

Postal Service Customer Questionnaire Analysis

Questionnaires were distributed to all delivery customers of the GLENOAKS Post Office on 03/21/2011. Additionally, during the survey period, questionnaires were available at the GLENOAKS Post Office to walk-in retail customers.

1. Number of Questionnaires

Total questionnaires distributed	<u>1000</u>
Favorable to proposal	<u>33</u>
Unfavorable to proposal	<u>83</u>
Expressing no opinion	<u>16</u>
Total questionnaires received	<u>132</u>

Postal Concerns

The following postal concerns were expressed

1. Customer expressed a concern about package delivery and pickup
Response:
You expressed a concern about package delivery and pickup. Rural carriers will deliver packages that fit in your rural mail box, if the package does not fit in the mail box, the carrier will deliver the package up to ½ mile off of the line of travel, at a designated place, such as on your porch or under a carport.
2. Customers expressed concern for loss of community identity
Response:
You expressed a concern about the loss of the Communities' identity. A community's identity derives from the interest and vitality of its residents and their use of its name. The Postal Service is helping to preserve community identity by continuing the use of the suspended Post Office name and ZIP Code in addresses and in the National Five-Digit ZIP Code and Post Office Directory.
3. Customers expressed concern over the apparent lack of interest by the Postal Service for the needs of the community
Response:
You expressed a concern that the Postal Service exhibits a lack of interest in the mailing needs of the community. The Postal Service is required to provide each community with regular and effective service, using the most cost efficient means possible. The proposed alternate delivery service will meet the mailing and service needs of the community in a more cost effective manner.

Nonpostal Concerns

The following nonpostal concerns were expressed

The following postal concerns were expressed

- Response:**

The following nonpostal concerns were expressed

DOCKET NO. 1364982-91504
ITEM NO. 23
PAGE 1

Date of Posting: 06/09/2011

Date of Removal: 08/10/2011

UNITED STATES POSTAL SERVICE

INVITATION FOR COMMENTS ON THE PROPOSAL TO CLOSE
THE GLENOAKS, CA STATION
AND CONTINUE TO PROVIDE
SERVICE BY CITY DELIVERY



To the customers of the Glenoaks Station:

The Postal Service is considering the close of the Glenoaks Station for reasons stated in the accompanying proposal.

During the 60-day posting period from 06/09/2011 through 08/10/2011 you are invited to provide written comments. Comments will be most helpful if they offer specific opinions and information favorable or unfavorable regarding the potential effect of the proposed change on postal services and on the community. Your comments will be carefully considered and will be incorporated into the official record, which will be made public if the proposal is finalized.

Copies of the proposal and optional comment forms are available upon request at the Glenoaks Station and Burbank Post Office. If you choose to use the optional comment form and need additional space, please attach additional sheets of paper.

Please return the comment form to:

JANIS BUONARATI
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

For more information, you may call JANIS BUONARATI at (661) 775-6749 or write to the above address.

Thank you for your assistance.

VIKKI NOBLITT
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

**NOTICE OF TAKING PROPOSAL AND COMMENTS
UNDER INTERNAL CONSIDERATION**

Date 06/07/2011

Postal Customers of the Glenoaks Station: The Postal Service appreciates receiving the views of those of you who submitted comments on the proposal to close the Glenoaks Station, which was posted 06/09/2011 through 06/10/2011. These comments will be considered carefully as the matter is reviewed further in my office and at higher levels within the Postal Service.

When a final decision is made by the Postal Service, that decision will be posted in place of this notice. If the decision is to approve the proposal, any customer of the Glenoaks Station who disagrees will have the right to appeal that decision to the Postal Regulatory Commission in Washington, DC.

Sincerely,

RICK WEST
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998



05/08/2013

Dear Postal Service Customer:

Thank you for taking the time to submit your comments to the proposal to close the Glenoaks Station. Your comments are appreciated and will be carefully considered, along with the comments of other customers, as the matter is reviewed further in my office and at higher levels of the Postal Service.

In response to your letter:

I realize with change there is always concern. However we are confident that the alternate service listed in the proposal will continue to provide you with effective and regular service.

If you have additional questions or comments, please feel free to contact Janis Buonarati at (661) 775-6749.

Sincerely,

RICK WEST
Manager, Post Office Operations
28201 Franklin Parkway
Santa Clarita, CA, 91383-9998

Postal Service Customer Questionnaire

Please check the appropriate box to indicate whether you use the GLENOAKS Post Office
1. for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | |
|----------------------------------|---|
| a. Entering permit mailings | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

Nonpostal Services

- | | |
|----------|--|
| a. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------|--|

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

If you previously/currently received Post Office box service or general delivery service,
3. complete this section. How do you think carrier route delivery service compares to your
previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do
you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping
<input checked="" type="checkbox"/>	Personal needs
<input checked="" type="checkbox"/>	Banking
<input checked="" type="checkbox"/>	Employment
<input checked="" type="checkbox"/>	Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Address

Telephone:

Date:

Please add any additional comments below. Thank you for taking the time to complete this
questionnaire.

Analysis of 60-Day Posting Comments

Number of comments returned

Favorable comments	<u>0</u>
Unfavorable comments	<u>1</u>
No opinion expressed	<u>0</u>
Total comments returned	<u>1</u>

Postal Concerns

The following postal concerns were expressed

Nonpostal Concerns

The following nonpostal concerns were expressed

1. No public concern
Response;



A. Office

Name:	GLENOAKS	State:	CA	Zip Code:	91504
Area:	PACIFIC	District:	SIERRA COASTAL PFC		
Congressional District:	29th	County:	LOS ANGELES		
EAS Grade:	0	Finance Number:	051026		
Post Office:	<input type="checkbox"/>	Classified Station	<input type="checkbox"/>	Classified Branch	<input type="checkbox"/>
				CPO	<input type="checkbox"/>

This form is a place holder for number 27. There was not a petition recieved.

Prepared by: Janis Buonarati
Title: SIERRA COASTAL PFC Post Office Review Coordinator
Tele No: (661) 775-6749

Date: 05/08/2013
Fax No: (661) 775-7188



A. Office

Name: GLENOAKS State: CA Zip Code: 91504
Area: PACIFIC District: SIERRA COASTAL PFC
Congressional District: 29th County: LOS ANGELES
EAS Grade: 0 Finance Number: 051026
Post Office: ☐ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 28. There was no Congressional inquiry.

Prepared by: Janis Buonarati
Title: SIERRA COASTAL PFC Post Office Review Coordinator
Tele No: (661) 775-6749

Date: 05/08/2013
Fax No: (661) 775-7188

LOG OF POST OFFICE DISCONTINUANCE ACTIONS

Office Name, State, ZIP Code: GLENOAKS STATION, CA, 91504-9998
EAS Level: 0
District: SIERRA COASTAL PFC
County: LOS ANGELES
Congressional District: 29

Proposal: ☒ Close ☐ Consolidate

Reason For Proposed: 1
Alternate Service Proposed: City Delivery

Customers Affected:
Post Office Box: 416
General Delivery: 0
Rural Route: 0
Highway Contract Route (HCR): 0
City Route: 0
Intermediate Rural: 0
Intermediate HCR: 0
Total number of customers: 416

Date	Action
	Office suspended. Reason suspended:
	Suspension notice sent to Headquarters.
05/08/2013	Reason: There are a number of alternate sites within a short radius of this office that can provide the sale of stamps and the mailing of most package items.
02/04/2011	District manager authorization to study.
03/21/2011	Questionnaires sent to customers. Number sent: 1000 Number Returned: 132 Analysis: Favorable 33 Unfavorable 83 No Opinion 16
	Petition received. Number of signatures: 0 Concerns expressed:
	Congressional inquiry received: No Concerns expressed:
10/24/2012	Proposal and checklist sent to district for review.
08/09/2011	Government Relations and Retail Operations notified by district 10 days before the 60-day posting (PS Form 4920 attached).
10/24/2012	Proposal and invitation for comments posted and round-dated.
08/09/2011	Proposal and invitation for comments removed and round-dated. Comment Analysis: Favorable 0 Unfavorable 0 No Opinion 0 0
None	Premature PRC appeal received. Concerns expressed:
05/27/2011	Updated PS Form 4920 completed (if necessary).
08/09/2011	Certification of the official record.
	District transmittal of official record to vice president, Delivery and Retail, and copy of transmittal letter to vice president, Area Operations.
05/10/2013	Headquarters logged in official record (option entry).
	Record returned to district for additional consideration.
	Record returned as not warranted.
06/20/2013	Final determination posted at affected office(s) and round-dated.
	Final determination removed and round-dated.
	Postal Bulletin Post Office Change Announcement form sent to Headquarters.
	No appeals letter received from Headquarters.
07/03/2013	Appeal to PRC received.
	PRC opinion received on appeal: Affirmed: _____ Remanded: _____ USPS Withdrawn: _____
	Address management systems notified to updated AMS report.
	Discontinuance announced in Postal Bulletin No.: _____ Effective date: _____

Review Coordinator/person most familiar with the case:

JANIS BUONARATI
Name/Title

JANIS BUONARATI
District Post Office Review Coordinator

(661) 775-6749
Telephone Number

(661) 775-6749
Telephone Number



08/09/2011

MEMO TO THE RECORD

SUBJECT: Certification of the Record
GLENOAKS STATION
Docket Number 1364982 - 91504

This certifies that all comments and documents enclosed in the attached record are originals, or true and correct copies of the originals.

KERRY WOLNY
District Manager



07/15/2013

VICE PRESIDENT, DELIVERY AND POST OFFICE OPERATIONS
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLAZA ROOM 5621
WASHINGTON DC 20260-5621

SUBJECT: Official Record

Enclosed for your review and approval is the official record to discontinue the Glenoaks Station Station.

All appropriate actions have been taken, and we have considered the concerns/comments of affected customers. The record has been thoroughly reviewed, and all necessary documentation is included. All documents in the record are numbered and contain docket and item numbers on each page and a chronological index of all documents in the record is included. Effective and regular service will be provided to community residents by permanently implementing the alternative service proposed.

Refer questions about this Post Office discontinuance to Janis Buonarati, Post Office Review Coordinator, at (661) 775-6749 or LISA BALL Manager Post Office Operations.

KERRY WOLNY
DISTRICT MANAGER
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

Enclosures:

One copy of record (<http://hqcsopps.usps.gov/public/dis/4F/P1364982.pdf>)
Headquarters acknowledgment of receipt of official record (optional)
Self-addressed envelope

cc: Vice President, PACIFIC Area (no enclosures)

Headquarters Acknowledgment of Receipt of Official Record

The official record to consolidate the GLENOAKS STATION was received by 05/10/2013.

Please contact please contact Dan Leonard at (303) 313-5672 or Mike Mirides at (303) 313-5671 or the address below for additional information regarding its status.

HQ Field Performance West
1745 Stout Street, Ste 105
Denver, CO 80299-0105

Enclosure: (self-addressed envelope)

***Note:** The acknowledgment form is optional and to be used at the district's discretion. Please provide the following memorandum **and a self-addressed return envelope** if you wish to receive an acknowledgment of Headquarters receipt of the record.



05/31/2013

DISTRICT MANAGER
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

ATTENTION: Post Office Review Coordinator

SUBJECT: Final Determination- GLENOAKS STATION

The final determination to discontinue the subject Post Office is enclosed, along with a Postal Bulletin announcement form to be completed and returned to this office through the district.

Please provide public notice by prominently posting a copy of the final determination in the appropriate Post Office. Make a copy of the completed record available for public inspection during normal working hours at the Post Office during the mandatory 30-day posting period. Please note that the first day of the actual 30-day posting period begins at day "zero".

POSTAL BULLETIN – POST OFFICE CHANGE ANNOUNCEMENT

Complete the enclosed Postal Bulletin Post Office Change Announcement form in its entirety and send it to this office (in triplicate) on the day the final determination is removed. One form will be used to document the official record, one sent to the Accounting Systems Development office, and the third copy will be forwarded to the Headquarters Address Management. Please note that Headquarters Address Management will not announce any Post Office closing or consolidation except when requested in writing by this office. Announcement form mailing instructions are provided at the bottom of the form.

APPEAL

Providing there are no appeals to the Postal Rate Commission, the office will be officially discontinued the first Saturday that falls 60 days after posting the final determination. If the final determination is appealed, we will furnish you with appropriate instructions. Please contact this office if a different date is needed for the official discontinuance. It must be noted, however, that the law prohibits discontinuance sooner than 60 days after the date the final determination was posted.

NATIONAL FIVE-DIGIT ZIP CODE AND POST OFFICE DIRECTORY UPDATE

Please coordinate with your Address Management System (AMS) unit to make sure that the AMS database is updated according to existing Headquarters Address Management instructions. That request, however, shall not be made until this office has notified you in writing that no appeals are pending.

OFFICIAL RECORD

Chronologically file this memorandum in your copy of the official record. All final determination postings must be added to the record at the end of the 30-day public posting period. Do not send them to Headquarters. The official record should be archived at the district by the Post Office discontinuance coordinator after the appeal decision is rendered and/or the Post Office change announcement has appeared in the Postal Bulletin.

If you have any questions, please contact Dan Leonard at (303) 313-5672 or Mike Mirides at (303) 313-5671.

Thank you for your assistance.

A handwritten signature in dark ink, appearing to read "E. F. Phelan, Jr.", with a stylized flourish at the end.

Edward F. Phelan, Jr.
Vice President Delivery and Post Office Operations

Enclosure: (2)

cc:
Vice President, Area Operations, PACIFIC Area



06/20/2013

OFFICER-IN-CHARGE/POSTMASTER
Glenoaks Station Station

SUBJECT: Letter of Instructions Regarding Posting of the Glenoaks Station Station Final Determination Docket No. 1364982 - 91504

Please post in the lobby the enclosed final determination to close the Glenoaks Station Station. The final determination must be posted in a prominent place from 06/20/2013 through close of business on 07/22/2013. It must be posted for at least 30 days and the first day does not count. The Final Determination will also be posted in the Burbank Post Office. Additionally, please take down the posted "Notice of Taking Proposal and Comments under Internal Consideration" and return to this office.

Round-date stamp the cover of the final determination on the date of posting and on the date of removal. Please send the final determination to me by close of business on 07/23/2013.

Additional copies of the final determination are enclosed. Provide them to customers upon request.

Also enclosed is the official record upon which this final determination is based. Customers may read it; however, they may not remove it from your office. When a customer requests a copy of the record, provide it upon payment of any fees prescribed in Administrative Support Manual. If you do not have photocopy equipment, take the customer's name, address and telephone number and contact the district for needed copies.

If there are any questions, please contact me at (661) 775-6749.

Sincerely,

JANIS BUONARATI
POST OFFICE REVIEW COORDINATOR
28201 FRANKLIN PARKWAY
SANTA CLARITA, CA 91383-9998

Enclosures:
Final Determination Official Record

Date of Posting: 06/20/2013

Date of Removal: 07/22/2013

FINAL DETERMINATION TO CLOSE
THE GLENOAKS STATION, CA STATION
AND CONTINUE TO PROVIDE
SERVICE BY CITY DELIVERY

DOCKET NUMBER 1364982 - 91504

I. RESPONSIVENESS TO COMMUNITY POSTAL NEEDS

The Postal Service is issuing the final determination to close the Glenoaks Station, CA Station and provide delivery and retail services by city delivery under the administrative responsibility of the Burbank Post Office, located one miles away.

Postmaster level and office service hours are determined by a workload analysis which includes the number of deliveries and revenue.

The office is being studied for possible closing or consolidation due to the following reasons; There are a number of alternate sites within a short radius of this office that can provide the sale of stamps and the mailing of most package items.

The Glenoaks Station Post Office provides retail service from 09:00 - 17:00 Monday through Friday and Closed on Saturday.

The revenue trend for the office during the last several years is as follows:

FY 08 \$ 1,219,252

FY 09 \$ 976,274

FY 10 \$ 906,510

FY 11 \$ 930,481

FY 12 \$ 877,111.

On May 30, 2011, representatives from the Postal Service were available at 1634 San Fernando, Burbank, CA to answer questions and provide information to customers. 2 customer(s) attended the meeting.

On March 21, 2011, **1000** questionnaires were distributed to delivery customers of the Glenoaks Station Station. Questionnaires were also available over the counter for retail customers at the Glenoaks Station Station. **132** questionnaires were returned.

Responses regarding the proposed alternate service were as follows: **33** favorable, **83** unfavorable, and **16** expressed no opinion.

When this final determination is implemented, delivery and retail services will be provided by the Burbank Post Office. Window service hours at the Burbank Post Office are from 900 to 1830, Monday through Friday, and 900 to 1500 on Saturday.

The proposal to close the Glenoaks Station Station was posted with an invitation for comment at the Glenoaks Station Station and Burbank Post Office from June 09, 2011 to August 10, 2011.

The following additional concerns were received during the proposal posting period:

The following concerns were expressed from questionnaires, the community meeting, on the petition, and on the congressional inquiry:

- | | |
|--------------------|---|
| 1. Concern: | Customer expressed a concern about package delivery and pickup |
| Response: | The customer expressed a concern about package delivery and pickup. Rural carriers will deliver packages that fit in your rural mail box, if the package does not fit in the mail box, the carrier will deliver the package up to ½ mile off of the line of travel, at a designated place, such as on your porch or under a carport. |
| 2. Concern: | Customers expressed concern for loss of community identity |
| Response: | The customer expressed a concern about the loss of the Communities' identity. A community's identity derives from the interest and vitality of its residents and their use of its name. The Postal Service is helping to preserve community identity by continuing the use of the suspended Post Office name and ZIP Code in addresses and in the National Five-Digit ZIP Code and Post Office Directory. |
| 3. Concern: | Customers expressed concern over the apparent lack of interest by the Postal Service for the needs of the community |
| Response: | The customer expressed a concern that the Postal Service exhibits a lack of interest in the mailing needs of the community. The Postal Service is required to provide each community with regular and effective service, using the most cost efficient means possible. The proposed alternate delivery service will meet the mailing and service needs of the community in a more cost effective manner. |

Some advantages of the proposal are:

1. Stamps by Mail order forms are provided for customer convenience.
2. Customers opting for carrier service will have 24-hour access to their mail.
3. Savings for the Postal Service contribute in the long run to stable postage rates and savings for customers.
4. Customers opting for carrier service will not have to pay post office box fees.
5. Saves time and energy for customers who drive to the post office to pick up mail.

Some disadvantages of the proposal are:

1. The loss of a retail outlet.
2. Potential of some to have to travel additional distance.
3. A change in the mailing address. The community name will continue to be used in the new address. A carrier route address will be assigned.

II. EFFECT ON COMMUNITY

Glenoaks Station is an unincorporated community located in Los Angeles County. The community is administered politically by City of Burbank. Police protection is provided by the City of Burbank. Fire protection is provided by the City of Burbank. The community is comprised of Retirees, self employed, commuters, students and those who commute to work at nearby communities and may work in local businesses.

Businesses and organizations include: **Many businesses in the Burbank area**, . Residents may travel to nearby communities for other supplies and services.

Nonpostal services provided at the **Glenoaks Station** Station will be available at the **Burbank Post Office**. Government forms

normally provided by the Post Office will also be available at the **Burbank Post Office** or by contacting your local government agency.

This Glenoaks Station is not listed as a historic landmark.

The community name will be maintained for customer addressing, and the Zip Code is not expected to change.

The following nonpostal concerns were expressed from questionnaires, the community meeting, on the petition, and on the congressional inquiry:

1. **Concern:** No public concern

Response:

Based on the information obtained in the course of this discontinuance study, the Postal Service concludes this final determination will not adversely affect the community.

III. EFFECT ON EMPLOYEES

This unit is a retail annex and all employees are part of another installation and their work schedules will be adjusted to work at the parent facility.

IV. ECONOMIC SAVINGS

The Postal Service estimates a ten year savings of \$ 740,270, assuming filling vacant management and craft positions at the median salary range:

Building Maintenance	\$ 152,570
Utilities	\$ 128,890
Transportation	\$ 67,690
EAS Craft & Labor	\$ 391,120
Contracts	\$ 0
Rent	\$ 0
Relocation One-Time Cost	\$ 0
Total Ten Year Savings	\$ 740,270

V. OTHER FACTORS

The Postal Service has included "Node Study" attached at end of proposal

VI. SUMMARY

This is the final determination to close the Glenoaks Station, CA Station and provide delivery and retail services by city delivery under the administrative responsibility of the Burbank Post Office, located one miles away.

The Glenoaks Station provided delivery and retail service to 416 PO Box or general delivery customers and no delivery route customers.

The Postal Service will save an estimated \$ 740,270 over the next ten years.

Taking all available information into consideration, the Postal Service has determined that the advantages outweigh the disadvantages and this final determination is warranted.



Edward F. Phelan, Jr.
Vice President of Delivery and Post Office Operations

07/15/2013

Date

Postal Bulletin Post Office Change Announcement Form Final Determination 30-Day Posting Dates

Post Office Final Determination Posting Dates*

Date posted: 06/20/2013

Date removed: 07/22/2013

No. of days posted: 32

Actual discontinuance date:

Official discontinuance date:

(Headquarters entry):

Note: Unless otherwise stated, the official discontinuance date listed in the Postal Bulletin is the first Saturday that falls 60 days after the final determination is posted. For a community Post Office, classified station, or classified branch, the discontinuance date is 60 days after the Headquarters approval date.

BEFORE CHANGE POST OFFICE INFORMATION

Post Office

Name and State: GLENOAKS STATION, CA

ZIP Code: 91504-9998 Finance no: 051026

County: LOS ANGELES

Type of discontinuance:

Consolidate () Close (X)

Type of discontinued facility

Post Office ()

Classified Station (X) Branch () FIN_S

Community Post Office (CPO) ()

Coordinator name: JANIS BUONARATI

Telephone: (661) 775-6749

AFTER CHANGE POST OFFICE INFORMATION

Administrative

Post Office: BURBANK

ZIP Code: 91505-9998 Finance no: 051026

County: LOS ANGELES

Original name retained? Yes (X) No ()

New last line of customer address is:

BURBANK CA,91504

Type of replacement service

Post Office (X)

Classified Station () Branch ()

Contract Unit () Community Post Office (CPO) ()

Date:

(Location) District: SIERRA COASTAL PFC

The announcement cannot be made in the Postal Bulletin unless this form is submitted to the above address. Do not send directly to Address Management, Postal Service Headquarters.

Mailing instructions for CPO/classified station/classified branch discontinuance. Immediately submit three copies of this announcement form to the above address. For nonsuspended offices, enclose a copy of the letter sent to customers notifying them of the discontinuance.

For more information, call (202) 268-5083.

Headquarters entry: () TL () HS

*Final determination posting is not required for CPO, classified station, or classified branch discontinuance.

Final determination for an independent Post Office must be posted for at least 30 days.



June 20, 2013

Notice of Final Determination to close Glenoaks Station

The U.S. Postal Service (USPS) has issued the final determination to close Glenoaks Station, 1634 San Fernando Road in Burbank, CA, and consolidate P.O. Box service into the Burbank Bob Hope Station, 135 E. Olive Ave, which is one mile away. The P.O. Box numbers and ZIP Code will remain the same.

Glenoaks Station was studied for consolidation to reduce costs while maintaining access to postal services to the community. Revenue has been steadily declining at Glenoaks Station and there are a number of alternate sites within a short radius of this facility that provide postal services.

On March 21, 2011, questionnaires on the proposed consolidation were distributed to customers of the Glenoaks Station. Of the 132 returned, response were 33 favorable, 83 unfavorable and 16 no opinion. On May 30, 2011, USPS representatives were at a public meeting at the Glenoaks Station to provide information and answer questions. Written comments on the proposal were received from June 9, 2011, to August 10, 2011.

Appeal Rights

This final determination to close the Glenoaks Station may be appealed by any person served by that office to the Postal Regulatory Commission (PRC). Appeals must be received by the PRC within 30 days of the date this notice of final determination is posted. If an appeal is filed, copies of appeal documents prepared by the PRC or the parties to the appeal will be made available for public inspection at Glenoaks Station and the Burbank Post Office during normal business hours.

Submit appeals to:

Postal Regulatory Commission
901 New York Ave. NW Ste. 200
Washington DC 20268-0001



Ref: Docket Number 1364982-91504